Wyoming Voter Registration Applicat	tion & Change Form	\/B	ш	<b>C</b> -	<i>1</i> 1			
		VR : Dist	# rict P	Coun Precinct	nty # Spli	 it		
■ New Voter Application ■ Change to Current Registration		Sch	ool F	louse Sen		ate		
■ Name Change		Mui	nicipality	Ward		_		
Name and Date of Birth								
Legal Last Name	Legal First Name		Legal Middle Name		Sut	ffix		
Date	County		Wildale Hame					
of Birth	Resident Since							
	's number if you hold a valid W	yoming Drive	's License					
Valid Wyoming Driver's License Number:								
☐ Mark here only if you do not 2a. Social Security Number Last four dig	o <b>t have</b> a valid Wyoming Drive gits are required if you do not l			rense				
Social Security Number	gro are required in you do not r	iaro a rana ri	jonning Divisir o Li					
☐ Mark here only if y	ou <b>do not hav</b> e a valid Wyom	ning Driver's Li	cense <b>or</b> a Social	Security Num	ber.			
3. Personal Information * Denotes optional information	on							
Gender* Male Wyoming Residence Address (No P.O. Box Numbers)			City			Zip		
Address Where You Get Your Mail		Mailin City	Mailing City		e Zip			
Phone* Are you interested in beir				ng an Electior	n Judge?* [	☐ Yes	☐ No	
E-mail* Do you				u need assistance to vote? *				
4. Political Party								
	Democratic Libertaria	n	ricans Elect	Constitution	Coun	try [	] Unaffiliated	
5. Changes to Current Wyoming Voter Registration								
Former Wyoming Residence	City	WY County	S	State		Zip		
Street Address	_			Vyoming				
Former Last Name	Former First Name		_	ormer Middle Name		Suffix		
5a. Withdrawal of Voter Registration from Ar								
Street Address	City	County	S	State		Zip		
6. Registration Oath and Acknowledgement Requ	uired on all applications.							
I do solemnly swear (or affirm) that I am a citizen		I am a bona	fide resident of the	he state of W	Vyoming an	d this co	ounty; that	
I will be at least eighteen (18) years of age on or								
currently adjudicated a mentally incompetent pe my civil or voting rights restored by a competent								
best knowledge and belief.								
Sign your legal name in full								
☐ Proof of Identification Shown Type of Iden	ntification							
Subscribed and affirmed or sworn to before me	by							
(name of applicant) on				(application date)				
Signature & Title of Degistry Agent or	1			Title				
Signature & Title of Registry Agent or person authorized to administer oaths	/							